

May 2, 2007

Monica A. Harvey  
Department of Environmental Quality  
629 East Main Street  
Richmond, Virginia 23219  
By email: [maharvey@deq.virginia.gov](mailto:maharvey@deq.virginia.gov)

Dear Ms. Harvey,

We write to comment on two aspects of the 4/9/2007 Draft of the Commonwealth of Virginia State Air Pollution Control Board Order by Consent, Issued to Mirant Potomac River, LLC, Registration No. 70228.

In particular, as a toxicologist (LCG) and a clinician specializing in asthma care (DDA), we favor (1) plans to reduce ambient air impacts from stack emissions, and (2) an evaluation of the scientific and medical evidence on short-term (that is, on the order of 5-minute) exposures to sulfur dioxide with regard to the health and well-being of people with sulfur-dioxide-sensitive asthma.

With regard to the first point, since increasing exhaust velocities and, especially, increasing exhaust stack heights will lessen the impacts of emissions on local ambient air, such changes should be undertaken with reasonable haste.

Regarding the second point, as you may know, in the mid-1990's, U.S. EPA evaluated the acute health effects of inhalation of air containing sulfur dioxide, and determined that the subset of asthmatics who are sulfur-dioxide sensitive could experience breathing difficulties when inhaling (during exercise) relatively small concentrations of this pollutant in ambient air. Though the Agency stopped short of developing a short-term national standard to protect against such effects, EPA proposed short-term, health-based benchmarks that States could use in evaluating air quality. In particular, EPA proposed "a 'concern level' at 0.60 ppm [parts per million] SO<sub>2</sub>, 5-minute block average; and an 'intervention level' at 2.0 ppm SO<sub>2</sub>, 5-minute block average (*Fed. Reg.* May 22, 1996, vol. 61, no. 100, p. 25576). The Agency also noted that infrequent ambient air concentrations "in the range of 0.06 to 1.0 ppm . . . may not be a cause for significant concern," whereas more frequent excursions would become increasingly of concern.

Over the next month or so, we plan to evaluate current and older scientific and medical literature that bears on the question of sulfur-dioxide-sensitive asthmatics and their



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pulmonary reactions. We plan to evaluate, from the scientific and medical points of view, EPA's and others' guidelines with regard to 5-minute and/or 10-minute "concern levels." So doing, we hope to help asthmatics, the general public, and stakeholders in Alexandria determine what sorts of exposures to sulfur dioxide are, and are not, acceptable.

Thank you for the opportunity to submit these comments, and best of luck in your deliberations.

Sincerely yours,



Laura C. Green, Ph.D., D.A.B.T.



Donald D. Accetta, M.D., M.P.H.



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